

Plan to  
**END THE HIV EPIDEMIC:**  
Hamilton County, Ohio

December, 2020

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We appreciate all of you for your contribution, resilience, flexibility, and innovation during the hectic and uncertain time of a pandemic.

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## Introduction

In the President's 2019 State of the Union address, a new public health priority for the United States was announced: Ending the HIV Epidemic (EHE). Ending new HIV infections is an achievable goal given our longstanding HIV prevention efforts in the region and key mechanisms that continue to be effective in reducing new infections. Some of these mechanisms, outlined below, can be further bolstered through/by the EHE:

- Counseling, Testing, and Referral (CTR) to identify individuals living with HIV
- Linkage to Care Services to ensure newly diagnosed individuals are connected to treatment
- Viral load suppression: HIV medical treatment has proven to positively impact the health of individuals living with HIV as well as prevent their ability to transmit the virus to an uninfected partner. Also known as undetectable equals untransmittable, U=U is a movement to lessen the stigma associated with HIV infection and encourage barrier-free access to treatment and supports for individuals to maintain their treatment plans.
- PrEP: Pre-exposure prophylaxis (PrEP) is an anti-HIV medication that can be taken by an HIV negative person to prevent them from acquiring HIV if they are exposed. Getting this medication to those who are disproportionately impacted by HIV is a goal of the national plan.
- Syringe Service Programs and other harm reduction methods to prevent the spread of HIV

Fifty-seven jurisdictions where HIV transmission was occurring most were targeted for the first round of funding for planning and new services. Included in these fifty-seven jurisdictions were three in Ohio: Cuyahoga, Franklin, and Hamilton counties.

New federal funds were made available for EHE planning in 2020. In Hamilton County, an advisory committee was created in partnership with the Ohio Department of Health, which administers Ryan White and other HIV programs for the region, Hamilton County Public Health, the local public health department administering HIV prevention programs, and Caracole, an AIDS Service Organization in Greater Cincinnati.

Based on our role in the 2018 outbreak in the region among people who inject drugs (PWIDs), Hamilton County is poised to help develop a decentralized approach to cluster response so that local health departments are better equipped to identify, communicate, and manage response efforts at the local level. This can help reduce the impact when an outbreak does occur. Furthermore, Hamilton County's response to the COVID-19 pandemic has equipped us with clearly established pathways for communication, documentation, and immediate response should another HIV-related outbreak occur.

The county is positioned to leverage existing Ryan White and other public and private resources as well as existing infrastructure to achieve the primary goal set out in the national plan: a 75 percent reduction of new infections by 2025 and a 90 percent reduction of new infections by 2030.

The advisory committee considered all of the feedback received, prioritizing it into action steps, organized by the four pillars called for in the national Ending the HIV Epidemic framework: Diagnose, Treat, Prevent, and Respond.

The following plan lists the objectives, priorities, and action steps for implementation over the first five years.

## Planning Process

The Ohio Department of Health engaged The Center for Community Solutions as a consultant to lead the planning process in all three of the jurisdictions in Ohio. The planning process began with an in-person kick-off meeting with representatives from the Ohio Department of Health and Community Solutions in Columbus, Ohio, in which the workplan and staffing plans were reviewed. A regular bi-weekly check in call was established between ODH and Community Solutions, to measure progress throughout the process. Shortly after, stay-at-home orders were put in place due to COVID-19, and we began to revise our plans to convene virtually for the duration of the project. Community Solutions then engaged in meetings with co-leads from Hamilton County Public Health (HCPH) and Caracole to discuss proposed workplans and necessary changes due to social distancing protocols. Co-leads formed an initial draft roster of community stakeholders that could be invited to join the advisory committee. While forming the roster, The Center for Community Solutions created a matrix to ensure that members represented an array of various backgrounds. Categories helped to ensure that those with professional expertise across sectors in the HIV space, and those who were part of the impacted populations and had lived experience were included. Stakeholders were invited to participate, and the advisory committee was formed.

As the advisory committee began to meet regularly, an overview of epidemiological data for the county was provided. In addition to monthly advisory committee meetings, there were numerous virtual meetings between Community Solutions and the co-leads to drive the planning process forward. Key informant interviews were also conducted to develop a situational analysis report outlining the current available funding and programs to support people living with HIV, and to address risk or HIV exposure. Once completed, the report was presented to committee members, and the findings of the report were used later in the process to inform strategies for the Ending the Epidemic plan. The advisory committee then began to plan and execute stakeholder engagement of high-risk and impacted populations.

The advisory committee chose to create a survey to distribute to community stakeholders to gather information, asking questions that pertained to each of the four pillars outlined by the Centers for Disease Control and Prevention (CDC): Diagnose, Treat, Prevent, and Respond. Members divided into four subcommittees and used working sessions to develop survey questions and outreach strategies to reach (1) people living with HIV/AIDS, (2) high-risk heterosexuals, (3) men who have sex with men, and (4) people who inject drugs. Committee members used their networks to distribute paper and electronic surveys, and feedback was gathered from over 100 respondents, each of whom was sent a \$10 gift card as an incentive. A follow-up survey was provided to stakeholders to gain additional feedback on the representation of participants to assist in targeting additional outreach. As a result, three statewide virtual focus groups were planned across Cuyahoga, Franklin, and Hamilton counties to gather feedback from harder-to-reach populations during engagement. Stakeholders in these statewide virtual focus groups included Black and Brown people living with HIV/AIDS, transgender and non-binary individuals, and professionals directly working with people living with HIV/AIDS.

Once engagement processes were complete, the advisory committee began to develop strategies to address issues and gaps that were identified through the situational analysis and stakeholder engagement. The advisory committee developed strategies in three virtual working group sessions. Using the results of their stakeholder survey, along with findings from the situational analysis, members brainstormed action items in a “virtual sticky note” platform called Padlet to add and organize ideas into

broader themes and strategies, and ranked them by level of importance. Committee members met to further refine draft strategies, and add missing elements to each overarching objective and priority area. A smaller subcommittee was also formed to begin formatting the plan.

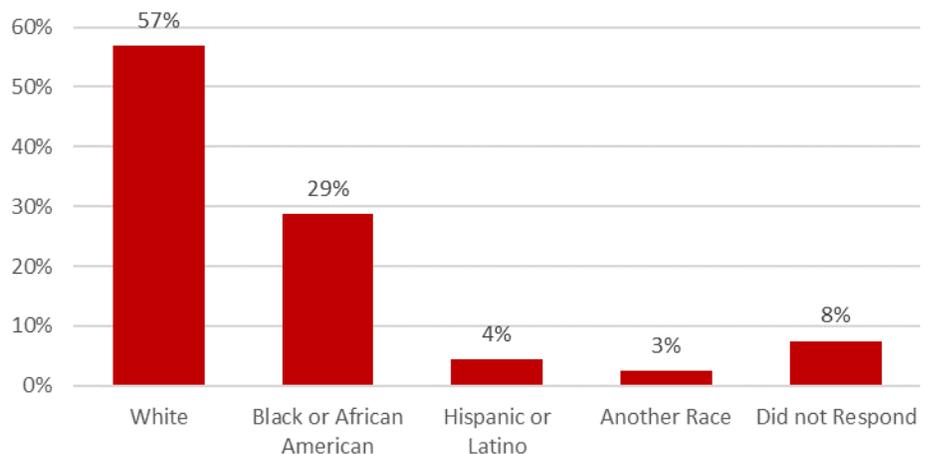
Virtual stakeholder meetings were planned to gather community feedback on the draft strategies and engage more key stakeholders in the EHE planning process. The virtual forums were attended by over 50 community stakeholders. The evening forum garnered participation from many community members from outside of the HIV service professional realm, while the afternoon forum was largely attended by professionals. The forums were attended by people with diverse backgrounds, including representation from impacted populations: MSMs, Trans and non-binary people, PLWH, and a person who injects drugs. Additionally, forum participants came from diverse racial and ethnic backgrounds and a wide range of ages. Forum participants were offered a \$25 gift card as an incentive. Overall, the stakeholders were excited about the ideas in the EHE plan and felt that the plan was on-target to accomplish its goals. Many people asked questions about implementation, and expressed an interest in being involved in implementation. Some of the key concerns that were brought up in the forums included concerns around access to services and technology; stigma about HIV; representation among staff in all pillars who are part of communities impacted by the HIV epidemic; the challenges of complex social needs and the need for more robust social supports.

Throughout the planning process, all individuals who were involved were given the opportunity to participate in a completely anonymous matrix survey. Additionally, the demography questions included in the community survey mirrored the matrix survey questions so that we could glean information about the populations represented in the survey sample. 161 individuals participated in either the matrix survey or the community survey, and the data below represents the combined survey results.

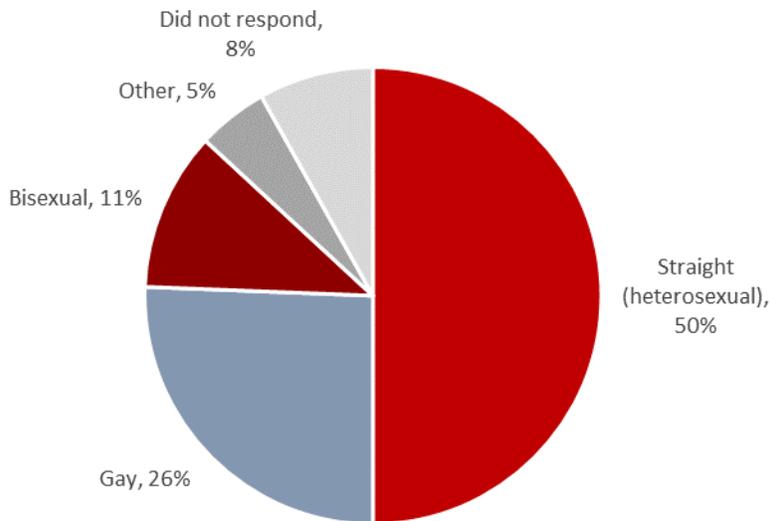
Participants in the planning process represented a wide range of ages. It was of particular importance to the advisory committee to engage younger people in the planning process; ultimately more than one-third of individuals involved were under the age of 35.

The majority of individuals engaged in the process were white, while about 29 percent were Black or African American. Hispanic or Latino, Native American/Alaskan Native, and Asian/Asian American people had much less representation in the planning process. Additionally, one of the statewide virtual focus groups centered the experiences of Black and Brown PLWH as the committee saw the importance of specifically engaging this group.

**Race/Ethnicity of Stakeholders in Matrix Survey & Community Survey**



### Sexual Orientation of Stakeholders in Matrix Survey & Community Survey



While the majority of stakeholders identified as heterosexual, about one-quarter of stakeholders identified as gay, with another 11 percent who identified as bisexual. Included in the “other” category, there were a handful of stakeholders who identified as lesbian, asexual, queer, or pansexual.

Stakeholders were also asked about their gender identity; about half identified as men, 40 percent identified as women, 7 percent chose not to respond, and 3 percent identified as agender,

androgynous, or non-binary. Additionally, several transgender and non-binary individuals were engaged in a statewide virtual focus group centering that population.

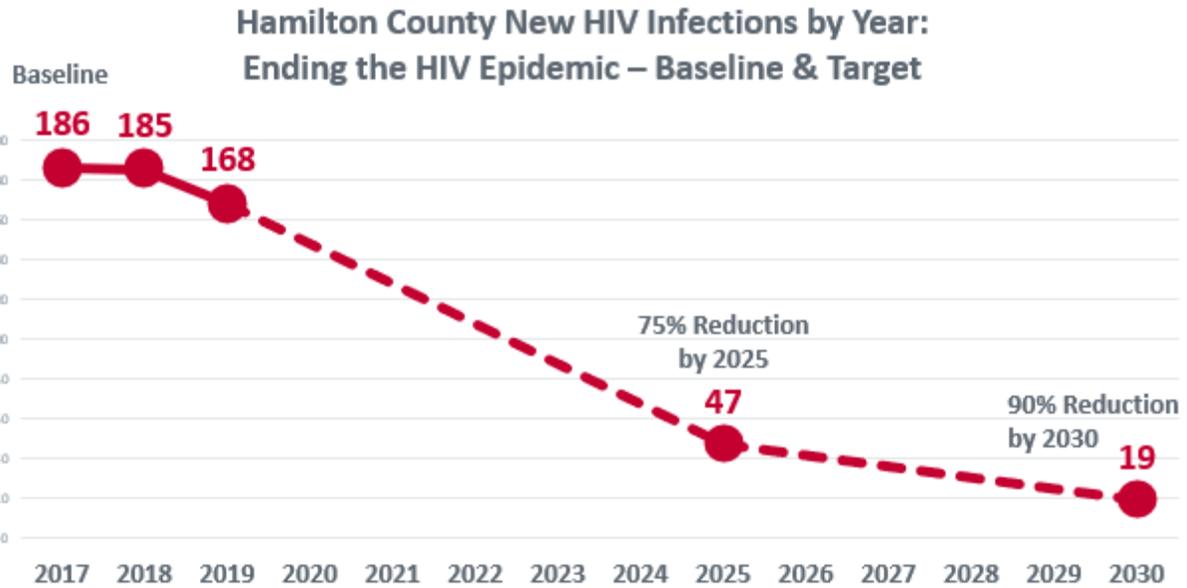
Many people who self-identify as being in high-risk populations were engaged in the process, in large part due to having taken the community survey. Many people (81) said they have been tested for HIV, and another 45 individuals self-identified as people living with HIV/AIDS. Another 39 individuals identified as people who have injected drugs; 33 identified as having bought, sold, or traded anal, oral or vaginal sex; 28 identified as having been incarcerated; and 19 identified as being at risk for acquiring HIV.

The advisory committee was thoughtful throughout the process about engaging priority and risk populations, and is committed to doing so as the work moves into implementation.

### Background Data

Data provides the foundation for the goal of Hamilton County’s Ending the HIV Epidemic Plan: to reduce new HIV infections by 90 percent over the next 10 years. The Ohio Department of Health has produced an epidemiological profile for Hamilton County, which can be found in the Appendix.

ODH has designated 2017 as the baseline year for Hamilton’s EHE plan. In 2017 there were 186 reported new diagnoses of HIV infection<sup>1</sup>. Using this baseline, the EHE target is no more than 47 new infections in 2025 and 19 new infections in 2030 in Hamilton County.



The latest available data on new HIV infections is from 2019. In 2019, there were 168 reported new diagnoses of HIV in Hamilton County for a rate of 20.6 per 100,000 population. As shown in the chart above, the number of new HIV infections has decreased since the baseline year.

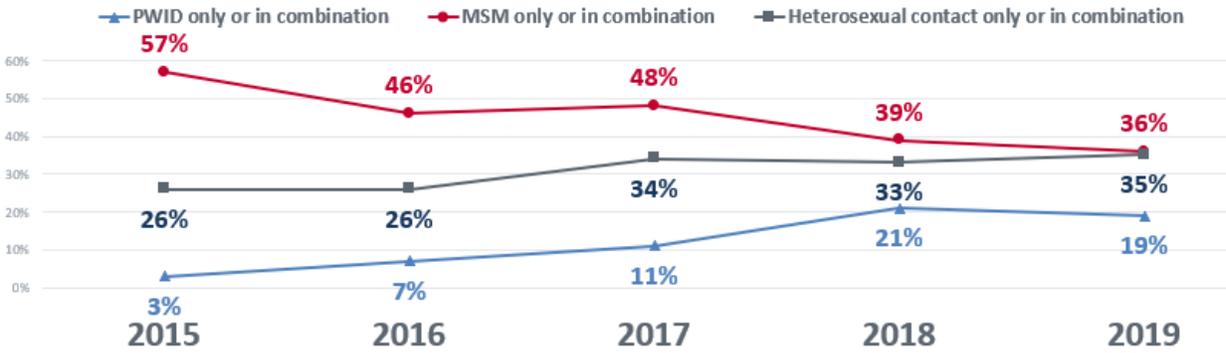
Characteristics of individuals with newly-identified HIV infection were used to select priority populations for the EHE plan in Hamilton County. These include men who have sex with men (MSM), people who inject drugs (PWID), Trans/Nonbinary people, and heterosexual males and females.

PWIDs account for a greater share of new HIV infections in Hamilton County than in some other parts of Ohio, accounting for 35 percent of all new diagnosis of HIV in 2019. Male-to-male sexual contact was the transmission category for just under half of males (49 percent). Among females, heterosexual contact was the transmission category for nearly half (47 percent) of the new infections.<sup>1</sup>

Nearly one in every five people who were diagnosed with HIV in Hamilton County in 2019 were PWID, a significant increase since 2015. Hamilton County had an HIV outbreak in 2018 caused by injection drug use.

<sup>1</sup> Note: risk behavior is self-reported, therefore these data may contain inaccuracies.

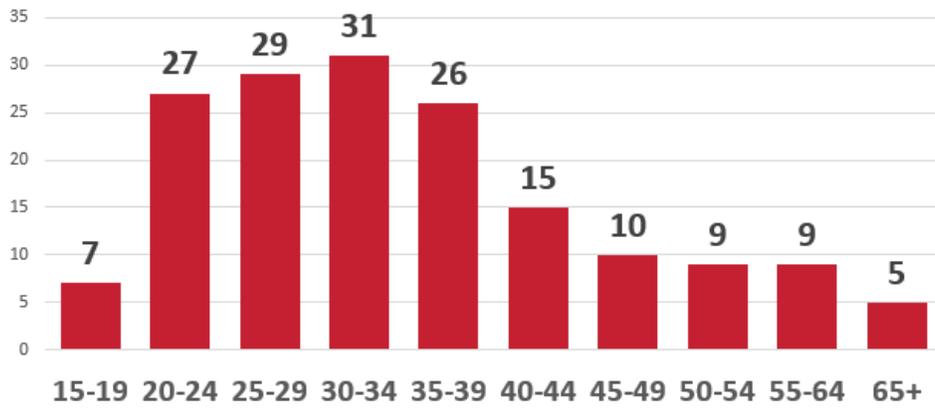
### Reported diagnosis of HIV infection by exposure category, Hamilton County



NOTE: Numbers can add to more than 100% because of new diagnoses with multiple exposure categories.

As shown in the chart below, more than half (52 percent) of new diagnoses were among persons between the ages of 20 and 34.

### Reported New Diagnosis of HIV by Age Group, Hamilton County, 2019

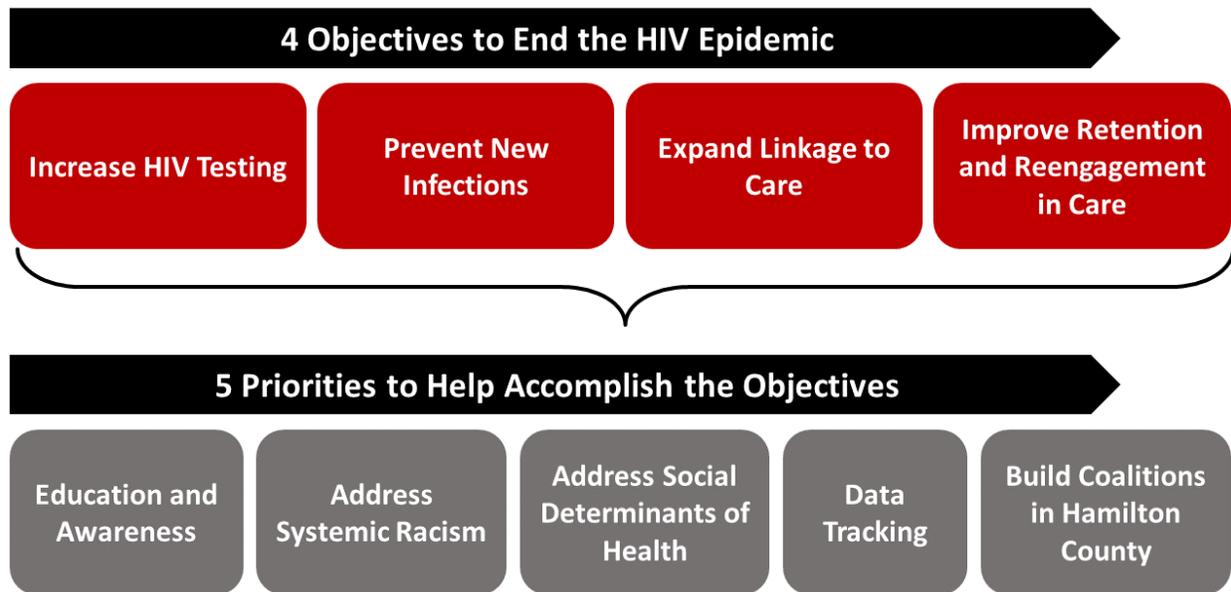


The vast majority (73 percent) of teens and adults diagnosed with HIV in Hamilton County in 2018 were linked to care within 30 days of diagnosis. At the end of 2017, of persons living with diagnosed HIV in Hamilton County, two-thirds (66 percent) were in receipt of care, 38 percent were retained in care, and 41 percent were virally suppressed.

As of the end of 2018, there were 3,213 people living with diagnosed HIV infection in Hamilton County. Similar to new diagnoses, 78 percent of people living with HIV (PLWH) are males. However, the overall population of PLWH in Hamilton County is older than those who are newly diagnosed, with people between the ages of 50 and 64 comprising the highest number of persons living with diagnosed HIV in Hamilton County.

## Goals, Strategies, Planned Activities

In order to End the HIV Epidemic, Hamilton County has identified four main objectives: (1) Increase HIV Testing, (2) Prevent New Infections, (3) Expand Linkage to Care, (4) Improve Reengagement and Retention in Care. These objectives align with the four EHE pillars of Diagnose, Treat, Prevent, and Respond. In addition to the objectives, there are five priorities that will help accomplish those objectives; these priorities are cross-cutting, and identify the systemic issues that must be addressed if the objectives are to be accomplished. These priorities include: (1) Education and Awareness, (2) Address Systemic Racism, (3) Address Social Determinants of Health, (4) Data Tracking, and (5) Build Coalitions in Hamilton County.



For each of these objectives and priorities, the committee has identified a set of actionable strategies that the community plans to implement over the next one to five years.

## Increase HIV Testing

*In order to diagnose HIV as quickly as possible after infection, we will make the following improvements to increase HIV testing/screening in the community.*

- I. Explore ways to provide at-home testing
  - a. ODH started a home-testing program; Hamilton County will explore utilizing that program or explore creating a unique program within the county
  - b. Explore peer-conducted testing models
- II. Explore process improvements to increase testing at syringe service programs (SSPs), and in addition, explore and develop innovative models of testing to reach PWID populations
- III. Develop plans to do more expanded HIV testing to have a greater reach in Hamilton County
  - a. Provide more testing in community settings. Collaborate with organizations in the community (see potential partners below) to expand testing.
  - b. Work with hospitals and healthcare settings (including urgent care, correctional facilities, emergency rooms, ambulatory care, student health clinics, etc.) to expand HIV testing
  - c. Implement Point of Care testing in more hospitals
    - i. Model: University of Cincinnati Medical Center's Point of Care testing program
- IV. Explore technology solutions to assist people when they are trying to find where to get tested
- V. Provider education to increase routine testing; ensure HIV testing is included in routine STD testing

**Potential partners in this work:** Hamilton County Public Health, Caracole, mental health and substance abuse providers, syringe exchanges, hospitals, urgent cares, emergency departments, universities, homeless shelters, FQHCs, Justice Center, Family Planning/women's health clinics, LGBTQ clubs and bars

## Prevent New Infections

*By supporting specific tools and behavioral intervention strategies that are consistent with current harm reduction frameworks, we will reduce the chance that high-risk Hamilton County residents will acquire HIV. Those considered high-risk include, but are not limited to MSM, Black MSM, Trans women, PWID/ people with substance use disorders, and people engaged in sex work .*

- I. Integrate prevention into primary care by encouraging PCP's, family doctors, nurse practitioners, internal medicine physicians and other health care professionals who deliver preventive services to regularly screen for and talk about HIV
  - a. Increase PrEP provider network through increased provider trainings and support in implementation
- II. Increase access to SSPs (24-hour/contactless SSP) across the county
  - a. Pilot harm reduction exchange vending machine
  - b. Consider safe injection sites
  - c. Ensure that SSP locations are and remain accessible via public transit
- III. Increase awareness of and access to PrEP and PEP
  - a. Have guidance for patients on how to access PEP, and assistance completing their prescription
  - b. For individuals who do not have HIV, deliver information about how to avoid contracting HIV, including instructions on PrEP and PEP during HIV post-test counseling
  - c. Increase awareness about using telehealth to get PrEP prescriptions
  - d. Explore expanding access to PEP via telehealth
- IV. Improve data on PrEP usage/define baseline

**Potential partners in this work:** Hamilton County Public Health, Caracole, mental health and substance abuse providers, syringe exchanges, hospitals, urgent cares, emergency departments, universities, homeless shelters, FQHCs, Justice Center, family planning/women's health clinics, LGBTQ clubs and bars

## Expand Linkage to Care

*Assure there is proactive engagement from case managers and patient navigators after an HIV diagnosis to guarantee there is a completion of a visit with an HIV medical provider within the timeframes recommended by the CDC.*

- I. Develop diverse “rapid response” team to address barriers to entering HIV treatment and assess best practices
- II. Closely monitor vacancies in linkage-to-care coordinators (social workers etc.) to ensure staffing levels are sufficient to successfully engage and reengage patients
- III. Explore programmatic, innovative, systemic changes to engage PWIDs who test positive to meet immediate needs and address barriers to care
- IV. Encourage and support widespread Rapid ART implementation and enhance with fidelity
- V. Increase data sharing between prevention and care systems

**Potential partners in this work:** Hamilton County Public Health, Caracole, hospitals, minute clinics, Cincinnati Health Department clinics, peer support/navigators, mental health and substance abuse providers, churches and faith communities, Justice Center, correctional facilities

## Improve Reengagement and Retention in Care

*Ensuring people living with HIV/AIDS are engaged in and stay connected to care is an important element to suppressing viral loads and stopping transmission of HIV. We will focus on the following strategies to improve reengagement and retention in care.*

- I. Utilize viral load monitoring to identify PLWH who are at high risk for transmission, and prioritize strategies that decrease community viral load
- II. Identify best practices to improve retention in care for people who are engaged in care, and to reengage people who have fallen out of care
- III. Support linking PLWH to primary care in addition to HIV care and assure the care is coordinated in order to support retention in care
- IV. Explore ways that PLWH can access needed social supports that help promote retention in care
  - a. Key social supports: transportation, phone access, housing, employment assistance, food access
- V. Develop innovative systems of care for high acuity clients (eg: telemedicine, flexible scheduling, etc.)
- VI. Explore an incentive program for people to check viral loads and stay engaged in care
- VII. Foster relationships with county jail administrators to ensure PLWH have a firm plan for retention in care upon reentry. This includes but is not limited to strengthening relationships with social services providers for inreach into jail to get individuals exiting the jail signed up for services
- VIII. Increase medication access and delivery (eg: 90-day prescriptions as opposed to 30-day prescriptions, RX home delivery)
- IX. Increase data sharing between prevention and care systems

**Potential partners in this work:** Hamilton County Public Health, Caracole, hospitals, minute clinics, Cincinnati Health Department clinics, peer support/navigators, mental health and substance abuse providers, churches and faith communities, Justice Center, correctional facilities

## Education and Awareness

*More education about HIV/AIDS is needed, both in the broader community, and within the service delivery system. The following strategies will educate both community members and providers, raising awareness about existing programs and resources, as well as general understanding about preventing and treating HIV/AIDS, and working to reduce stigma about HIV/AIDS.*

- I. Educate about existing programs and financial assistance
- II. Educate and train mental health, substance abuse, and healthcare professionals
- III. Increase awareness among broader community about HIV testing and prevention services via marketing campaign(s)
- IV. Advocate for comprehensive sex education
  - a. Teach young people life skills when it comes to health
  - b. Develop curriculum that can be offered to schools
  - c. Partner with other organizations that work closely with youth and serve priority populations
- V. Work to reduce stigma about HIV/AIDS in the community
  - a. Advocate for change in HIV criminalization laws
  - b. Develop and implement an awareness plan to reduce stigma in healthcare system and in the broader community
  - c. Implement peer support programs for PLWH to reduce internalized stigma
- VI. Prioritize and advocate for hiring representative staff for community education roles: including Black and Brown MSMs, Transgender people, and PLWH

**Potential partners in this work:** Hamilton County Public Health, Caracole, recreation centers, Boys & Girls Clubs, Lighthouse Youth Services, Hamilton County Detention Center for Youth, YMCA, schools, treatment centers, doctor's offices, care facilities (eg: nursing homes), organizations serving homeless populations, media, elected officials, community councils, business associations

## Address Systemic Racism

*Ending the Epidemic will not happen without addressing racial and ethnic disparities in the county and in the country. In July 2020, Hamilton County and the city of Cincinnati declared that Racism is a Public Health Crisis. Some of the strategies outlined below can be contextualized in those efforts.*

- I. Reduce HIV related disparities and promote health equity by addressing social determinants of health
- II. Develop data tracking methods to track disparities among populations served
- III. Advocate for diversity and representation among providers and staff at all levels (from community health workers to physicians)
- IV. Advocate for providing bias and cultural competency training to providers and staff at all levels
- V. Build trust of marginalized communities by acknowledging and working to confront the structural and systemic racism that exists in the healthcare system
- VI. Oppose, through advocacy and lobbying, HIV criminalization laws and other discriminatory legislation that disproportionately effects communities of color
- VII. Encourage agencies serving PLWH and those at-risk for acquiring HIV to engage in internal race equity audits

**Potential partners in this work:** Hamilton County Public Health, Caracole, Urban League, NAACP, Cincinnati Black Pride, Foundations, Hospital Systems' diversity councils, medical students, Ohio Health Modernization Movement

## Address Social Determinants of Health

*An individual's social and economic conditions in which they live, learn and work have an overwhelming impact on their health. It is important to address these social determinants of health in order to end the epidemic.*

- I. Expand social supports to address affordable housing, food insecurity, health care costs, language barriers, access to dental and mental health care, pregnancy and child care, substance abuse, utility stress and transportation needs. These social supports facilitate linkage, retention, and reengagement in care
- II. Provide assistance with public benefit enrollment
- III. Examine health disparities, including viral load suppression, by zip code to inform programs and target interventions
- IV. Explore partnerships with job training programs to help increase income for PLWH
- V. Explore expanding access to legal services using HOPWA/Ryan White funds
- VI. Continue to collaborate with groups already working to examine and address health disparities

**Potential partners in this work:** Hamilton County Public Health, Caracole, housing agencies, Legal Aid, transportation agencies and organizations, Freestore Foodbank, Job and Family Services, job training programs, primary care providers, dental providers, pharmacies and prescription delivery services, Medicaid managed care organizations

## Data Tracking

*All efforts to end the HIV epidemic will be strengthened if they are informed by relevant data, and if systems can improve the ways in which they share data internally and externally.*

- I. Track relevant epidemiologic data and monitor progress toward EHE goals. Adjust plan activities in response to data if needed
- II. Align measurable objectives across programs and organizations so that all data tracking is consistent and reliable. Work toward data sharing agreements in order to allow data sharing
- III. Use data to respond quickly to potential HIV outbreaks
- IV. Translate data into culturally relevant information that is accessible to the general public; use data as a tool for communicating with the community

**Potential partners in this work:** Hamilton County Public Health, Caracole, pharmacies, hospitals, ODH, funders, providers, infectious disease clinics, Cincinnati Health Department, Cincinnati Health Network

## Build Coalitions in Hamilton County

*Ending the HIV Epidemic will require a collective community effort. It is important that HIV service providers strengthen partnerships within the HIV service delivery system, while also building coalitions with important partners from outside of the traditional HIV networks.*

- I. Create a resource guide with information on services and providers, so people know what is and is not available
  - a. Develop and maintain a list of doctors and providers who are preferred based on a set of criteria (pre-vetting doctors for stigma, cultural competency, LGBT friendliness, etc.)
  - b. With assistance from ODH, compile a list of ODH and CDC endorsed trainings for providers related to HIV prevention, testing, and care
- II. Find champions and partners within institutions that do not provide comprehensive services
- III. Build coalitions with partners who work in HIV-adjacent fields, such as: addiction treatment providers and mental health professionals; family planning and women's health; homelessness and transitional housing professionals; criminal justice system; education and youth programming; social service providers; pharmacies; etc.

**Potential partners in this work:** Hamilton County Public Health, Caracole, Justice Center, Homeless Coalition, Addiction Response Coalition, addiction treatment providers and mental health providers, family planning and women's health providers, housing agencies, criminal justice system, schools and school boards, social service providers, pharmacies

## **Appendix**

### **Appendix A: Glossary**

#### **AIDS**

According to CDC, AIDS is the most serious stage of HIV infection. At this stage, a person has a highly increased chance of getting other severe illnesses. AIDS is also diagnosed when a person's CD4 cell (white blood cell) count falls below a certain level.<sup>[1]</sup>

#### **Bias**

Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. They develop over our lifetime from an early age, and cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.<sup>[2]</sup>

#### **CD4 Count**

Your CD4 count is the number of CD4 cells (or T-helper cells) in your blood, measured by a simple blood test. This tells you how healthy your immune system is – your CD4 count should go up when you have HIV treatment. It's often talked about at the same time as viral load (the amount of HIV virus in your blood). Generally, when your CD4 count is high, your viral load is low and vice versa.<sup>[3]</sup>

#### **COVID-19**

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.<sup>[4]</sup>

#### **Criminalization Laws**

The unjust application of criminal law to people living with HIV based solely on their HIV status. This includes the use of HIV-specific criminal statutes or general criminal laws to prosecute people living with HIV for unintentional HIV transmission, perceived or potential HIV exposure, and/or non-disclosure of known HIV-positive status.<sup>[5]</sup>

#### **Cultural Competency**

A provider's ability to tailor their services to the individual, social, cultural, and linguistic needs of those they serve. It reflects an understanding of patients' unique worldview, particularly as it relates to their perception of health, which may be reflective of their cultural background and norms, their health literacy, and their ability to access services.<sup>[6]</sup>

#### **Ohio HIV/AIDS Integrated Epidemiologic Profile**

The comprehensive epidemiologic profile provides detailed information on the current status of the HIV/AIDS epidemic in Ohio. This report describes the general population of Ohio, persons with HIV infection in Ohio, persons at risk for HIV infection in Ohio and service utilization patterns among HIV-infected persons in Ohio.<sup>[7]</sup>

## **Harm Reduction**

Harm reduction refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws.<sup>[8]</sup>

## **Health Disparities**

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.<sup>[9]</sup>

## **HIV**

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure, but with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.<sup>[10]</sup>

## **HOPWA**

Housing Opportunities for Persons With AIDS (HOPWA) program is the only federal program dedicated to the housing needs of people living with HIV (PLWH).<sup>[11]</sup>

## **LGBTQ**

Lesbian, gay, bisexual, transgender, and queer

## **Linkage to Care**

An official Health Resources and Services Administration (HRSA) HIV/AIDS Bureau performance measure, Linkage to Medical Care is the percentage of patients, regardless of age, who attended a routine HIV medical care visit within 1 month of HIV diagnosis.<sup>[12]</sup>

## **MSM**

Men, including those who do not identify as gay or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as straight).<sup>[13]</sup>

## **Non-Binary**

A term used to describe genders that don't fall into one of the gender binary categories of male or female.<sup>[14]</sup>

## **PLWH**

People living with HIV

## **Point of Care Testing**

Another name for rapid HIV testing, which allows patients to know their HIV status during the same visit, usually in less than an hour.

## **Post-Exposure Prophylaxis (PEP)**

Short-term treatment started as soon as possible within 72 hours after possible exposure to HIV, helping to significantly reduce the risk of infection.<sup>[15]</sup>

### **Pre-Exposure Prophylaxis (PrEP)**

A daily pill and program for those who are HIV negative that is up to 99% effective at preventing the transmission of HIV sexually when taken consistently and correctly.<sup>[16]</sup>

### **PWID**

People who inject drugs

### **Racial Disparities**

Harmful, inequitable and unjust outcomes created and perpetuated for specific groups of people, through historical and contemporary discrimination in policies and practices.<sup>[17]</sup>

### **Rapid Antiretroviral (ART) HIV Testing**

With a rapid HIV antibody screening test, usually done with blood from a finger prick or with oral fluid, results are ready in 30 minutes or less. The rapid antigen/antibody test is done with a finger prick and takes 30 minutes or less. The oral fluid antibody self-test provides results within 20 minutes.<sup>[18]</sup>

### **Ryan White Program**

A federally funded program of the Health Resources and Services Administration (HRSA) that provides a comprehensive system of HIV care primary medical care and essential support services and medications for low-income people living with HIV. The program grants funds to cities, counties, states, and local community-based organizations to provide HIV care and treatment services. The Ryan White HIV/AIDS Programs consists of different parts (i.e., Parts A, B, C, D, and F) that each have specific areas of focus.<sup>[19]</sup>

### **Sex Work**

The exchange of sexual services or performances for material compensation, including money, housing or food. Sex work is distinct from human trafficking.<sup>[20]</sup>

### **Social Determinants of Health**

Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.<sup>[21]</sup>

### **Structural/Systemic Racism**

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist.<sup>[22]</sup>

### **Syringe Service Programs (SSPs)**

Are community-based prevention programs that facilitate the safe disposal of used needles and syringes. They also provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.<sup>[23]</sup>

### **Transgender**

People of transgender experience have a gender identity or gender expression that differs from their assigned sex at birth.<sup>[24]</sup>

### **Trauma-Informed Care**

A treatment style that supports a whole person, taking past trauma and the resulting coping mechanisms that arise when attempting to understand behaviors and engage in care into account.<sup>[25]</sup>

### **U=U**

(“Undetectable equals Untransmittable”) U=U is the concept introduced by the Prevention Access Campaign that people living with HIV who are on antiretroviral treatment and have an undetectable viral load cannot transmit HIV sexually to their HIV-negative partners.<sup>[26]</sup>

### **Viral Load**

Refers to the amount of HIV virus in a person’s blood.<sup>[27]</sup>

### **Viral Suppression**

When antiretroviral therapy (ART) lowers a person's viral load to an undetectable level in the blood. Viral suppression means treatment is keeping HIV under control and cannot be transmitted, but HIV still remains in the body. Viral load can become undetectable within 6 months of treatment.<sup>[28]</sup>

## **Appendix B: References**

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